

mitted patients are such as to avert not only the fact, but the suspicion even of their detention.

Even if expression should be given to the above-mentioned suspicion, this would not justify the adoption of measures designed to prevent something which has not taken place and is not likely to take place. Extraordinary precautions to avert an imaginary evil always have a tendency to increase the fear of that evil. If extraordinary and unnecessary regulations are adopted for the specific purpose of preventing the improper detention of persons in licensed houses, these measures will be in themselves liable to excite the suspicion that persons are improperly detained in these houses. It is the sharp distinction of the sane from the insane, the setting of them apart as an entirely different class of beings, their seclusion, the mystery that is made to surround them and their treatment, that causes suspicion; and so the treatment of voluntary patients in the same house or institution with them has a direct tendency to diminish rather than to increase any suspicions that may exist in the public mind.

A modification of the law of the State of Massachusetts on the subject may be suggested for enactment in the State of New York, in relation to the admission of voluntary patients at private hospitals for the insane.

The English law recently passed is reported as requiring even less formality than the law of Massachusetts, the theory seeming to be that the doors of hospitals for the insane should open easily, both inward and outward, to the end that early and preventive treatment may be encouraged, and that the sharp and invidious distinction and separation of the insane from the sane may be diminished, if it cannot be altogether abolished.

REVIEW OF LAWS REGULATING VOLUNTARY COMMITMENT OF THE INSANE TO ASYLUMS.

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The legal and lawmaking mind can with great difficulty appreciate the possibility of residence in asylums except through rigid and fixed process of law by which the "rights of the individual are strongly guarded. The old idea that asylums are places of incarceration of the "furiously mad" is still too prominent, while the broad and true medical conception of asylums as a place for treatment and care

of the insane is dimly understood in jurisprudence or by the lawmaker.

Not only is commitment hedged about by strict legal guards, but the matter of discharge of patients is, in all public asylums at least, entirely in the hands and control of the asylum authorities. No interest of the patient, no desire of friends in any case, can receive any more force than these authorities are willing to give them.

It follows, then, that all who seek asylum treatment must be brought to the same level, and surrender entirely their personal freedom and largely the directing and controlling influence of their nearest relatives and friends.

It is of course true the larger part of the insane require involuntary commitment and detention, and strict forms of commitment are acknowledged to be necessary. There are, however, a large minority of the insane, or those near the border line, who seek the advantages offered in both public and private asylums, but who are unwilling to submit to legal commitment and unlimited detention. For this class the present laws are not sufficiently flexible. Such patients want to voluntarily enter and leave an institution, using the place as they would a general hospital.

Those who apply and might properly be admitted include cases of neurasthenia, of extreme "nervousness" and insomnia, those suffering from mental worry and fatigue, cases of grave hysteria, chorea and hypochondria, certain cases of epilepsy, many cases of "habit," border-line cases and threatened cases of insanity, cases of simple depression, mild cases of melancholia, cases of limited mental disturbances, such as some cases of *folia de deux*, nymphomania and moral insanity, also cases where commitment is desired and legal certificates cannot be made out.

Recognizing this growing demand for asylum treatment among a certain class, and also that it is safe to intrust them with the power of voluntary commitment, laws to this effect have been passed by several legislative bodies.

In the State of Pennsylvania the law permits the admission of voluntary patients for detention in asylums on their signing a request for admission, witnessed by a friend and approved by a physician of the asylum. The admission is for a period of seven days only, but is subject to renewal.

In the State of Connecticut a person may commit himself upon his own written application to any asylum in the State, but must be discharged upon a written notice within ten days.

In Massachusetts voluntary patients may be received into any public asylum, and into McLean Asylum upon their own written application. Such patients must be discharged upon their written application within three days.

The English Lunacy Act of 1890 provides for admission of voluntary patients or boarders into licensed asylums.

Permission is given, by personal request, in each case, signed by either two members of the English Lunacy Commission or by two justices. It is for a given time, subject to a renewed permission. At the end of the time mentioned in the permit, unless renewed, the patient must be discharged.

If at any time the patient makes a written request to leave, he must be permitted to do so within twenty-four hours.

These laws, while allowing voluntary commitment, also allow a limited detention, from twenty-four hours in England to ten days in Connecticut. In some States and institutions patients are simply received without any detention, the patient being allowed to leave any time he wishes to do so. This probably is in no case directly sanctioned by law.

In most States where voluntary commitment is allowed, the patient so committed is under the same State supervision as are involuntary committed patients.

By far the most instructive statement of the working of voluntary commitment is found in the last report of Dr. Edward Cowles, superintendent of the McLean Asylum.

He says: "It has been in practice here nine years, and has yielded most beneficial results. It has been a blessing, not only to many patients who have availed themselves of it, but it has done good to the asylum itself." "Many persons in the earlier stages of insanity or in the milder forms yield readily and often gladly to the advice of friends and physicians to place themselves under special care." He also speaks of the "moral treatment" being greatly more effective, and that success depends in all these cases upon the active exercise of human sympathy and mutual confidence, in place of custodial restraint.

He then speaks of the little criticism the law has called forth in the nine years of its existence, and says: "The voluntary system already described was established on correct lines; its workings here have evolved a breadth of moral results but dimly foreseen." "Let the truth this teaches be clearly seen: it is not a new asylum that is wanted, it is a new hospital . . . for nervous and mental

diseases, not only for the insane, but for a class of allied neurotics and mental disorders that are now repelled from such an asylum as this, where they can best be treated."

About one-third of those admitted to McLean come as voluntary patients. Forty-two such cases were admitted in the year ending 1889. Twenty-one were cases of melancholia, three mania, one "fixed ideas," four delusional insanity, one senile insanity, three secondary dementia, one paresis and six were not insane. These forty-two patients furnished eleven recoveries during the year, and of twenty-nine such cases from the preceding year there were five recovered, giving 38.1 per cent. of recovered on the admissions in that class in 1889. Seven were discharged much improved, seven improved, six not improved, five not insane and three died.

He speaks of an apparent impropriety in admitting so many classed as insane, and says: "These conditions often develop or become apparent upon observation after admission, and that they include a more or less doubtful class of cases for whose commitment attending physicians would not be willing to certify to insanity. It is for just such class of cases, near the border line, that the system is a great boon."

This report is interesting and instructive, because it takes the question of voluntary commitment out of the range of theory and speculation and places it upon the solid foundation of established and successful years of practice.

Dr. John B. Chapin, supt. Department for the Insane, Pennsylvania Hospital, after an experience with the limited voluntary commitment law of that State, urges in his last report an extension of its privileges, so as to broaden its usefulness. To quote his words. He says: "It seems that in a population of one million, within a moderate radius, a number of cases in the incipient stages of insanity must occur annually who might properly be treated in the wards of this and other hospitals, and a more serious calamity thus be averted. The knowledge that voluntary boarders, who have no fixed delusions and are not in a condition to be certified as insane, may be received at their own request for admission, and that the doors of an asylum may move inward and outward with equal ease, would do much to remove the ill-founded prejudices that exist in regard to hospitals for the insane.